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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 GERMANY 103 48 603.8 10/20/2003  
 GERMANY 203 17 798.3 11/18/2003  
 GERMANY 203 18 879.9 12/03/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 06/01/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>RTT</u> Examiner's Signature Initials				

**ADDRESS**  
 25889

**TITLE**  
 HOLLOW NEEDLE HOLDER

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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